

DECLARATION OF PRACTICES AND PROCEDURES

Elizabeth Green, M.S., LPC
Rosemary Counseling
(504) 517-2257

Qualifications: I earned a Master of Science degree in Mental Health Counseling from Loyola University New Orleans in 2012. I am licensed as a LPC (Licensed Professional Counselor) # 6247 with the Louisiana LPC Board of Examiners, 8631 Summa Avenue, Baton Rouge, LA 70809 (225-765-2515).

Counseling Relationship: I see counseling as a process in which you, the client, and I, the counselor, having come to understand and trust one another, work as a team to explore and define present problem situations, develop future goals for an improved life and work in a creative and systematic fashion toward realizing those goals.

Areas of Focus: I focus on clients with concerns about issues such as anxiety and depression, grief, relationships, sexuality, life transitions, spirituality, concerns about managing substance use, and/or a history of trauma.

Fees and Office Procedures: Payment is due to Rosemary Counseling at the time of service. Payment from insurance companies and private pay is accepted. A session is an hour long. Clients are seen by appointment only. Appointments are typically set at the close of each session.

Services Offered and Clients Served: I draw from counseling perspectives that focus on healing past wounds and connecting to inspiration and hope, including person-centered, Internal Family Systems (IFS), and trauma therapies that use gentle techniques to help people release painful feelings and beliefs.

I work with clients ages 18 and older, from all backgrounds, in a variety of formats, focusing on individual and couples' sessions.

Code of Conduct: As an LPC, I am required by law to adhere to the Code of Conduct for practice as an LPC that has been adopted by my licensing board, the Louisiana LPC Board of Examiners. A copy of this Code of Conduct is available upon request.

Confidentiality: Material revealed in counseling will remain strictly confidential except for material shared under the following circumstances, in accordance with State law:

1. The client signs a written release of information indicating informed consent of such release.
2. The client expresses intent to harm him/herself or someone else.

3. There is reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or dependent adult.

4. A court order is received directing the disclosure of information.

In the event of marriage or family counseling, material obtained from an adult client individually may be shared with the client's spouse or other family members with the client's written permission. Any material obtained from a minor client may be shared with the client's parent or guardian.

Privileged Communication: It is my policy to assert privileged communication on behalf of the client and the right to consult with the client if at all possible, except during an emergency, before mandated disclosure. I will endeavor to apprise clients of all mandated disclosures as conceivable.

Emergency Situations: When I am unavailable to answer calls after normal business hours, you may leave a voicemail message and I will return your call as soon as possible. If an emergency situation should arise, you may seek help through hospital emergency room facilities or by calling 911. You can also call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Client Responsibilities: You, the client, are a full partner in counseling. Your honesty and effort is essential to success. If as we work together you have suggestions or concerns about your counseling, I expect you to share these with me so that we can make the necessary adjustments. If it develops that you would be better served by another mental health provider, I will help you with the referral process. If you are currently receiving services from another mental health professional, I expect you to inform me of this and grant me permission to share information with this professional so that we may coordinate our services to you.

Physical Health: Physical health can be an important factor in the emotional well-being of an individual. If you have not had a physical examination in the last year, it is recommended that you do so. Also, please provide me with a list of the medicines you are currently taking.

Potential Counseling Risk: You should be aware that counseling poses potential risks. In the course of working together, additional problems may surface of which you were not initially aware. If this occurs, you should feel free to share these new concerns with me.

I have read and understand the above information.

_____ Date _____
Client Signature

_____ Date _____
Elizabeth Green, M.S., LPC